REQUEST FOR AFFIDAVIT TO RECONVENE THE GRANT COUNTY BOARD OF APPEALS/EQUALIZATION

{WAC 458-14-127 (1)(b)}

Parcel No			
A	ssessment Year _	for Tax Year	
I hereby request that the Ass Equalization reconvene to he property noted above.		. •	
This request is based on my discoverable at the time of the the property to be materially described in the attached documents.	e appraisal, and affected. I requ	I that such lack of facts caus	ed the valuation of
If the Assessor concurs, and required to complete a Real I duplicate to the Board of App	Property Petition	(if I have not already done	so) and submit it in
Name of Owner (Print)		Name of Agent (Who will repres	sent me - Print)
Street Address or Box No. Street Address Or Box		Street Address Or Box No.	
City, State Zip		City, State Zip	
Daytime Phone		Daytime Phone	
Signature of Owner	Date	Signature of Agent	Date

NOTE: This form and attachments must be filed by April 30th of the tax year 35 C St. NW PO Box 37
Ephrata, WA 98823
509-754-2011 ext. 331

All BOE forms available in alternate format upon request